

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

assistance in completing this form, see instructions on the reverse side.

State Form 4606 (R12/11-04) Indiana Election Commission (IC 3-9-5-14)

(CFA-4) **Summary Sheet** 

FILE NUMBER

IS THIS AN AMENDMENT?  Yes No	TOTAL PAGES IN ENTIRE OF A4 REPORT
CLERK, HAMILTON COUNTY COL COMMITTEE INFORMATION	Unio -
1. Full name of committee (as on Statement of Organization) Check if this is a new r PEGGY BEAVER FOR CLERK COMMITTEE	name
Acronym or abbreviated name, if any	3. Committee telephone number (317) 773-6417
4. Mailing address (address where all campaign finance correspondence is received)	Check if this is a new address
5. City, state, ZIP code NOBLES VILLE, IN 46066	6. Party affiliation (if applicable) REPUBLICAN
CANDIDATE INFORMATION (For Candidate's C	
7. Full name of candidate (include any nickname) PEGGY LYNN BEAVER	8. Party affiliation or if independent candidate KEPUBLICAN
9 Office sought (Include district number, if any. Not required for exploratory committee.)  CLERK OF THE CIRCUIT (DURT	10. County of residence HAMILTON
11. Check one: Pre-Primary Pre-Election Annual Nomination Other	CONVENTION CANDIDATES ONLY Check one: Pre-Convention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement	of Organization) Post-Convention
12. Reporting Period: From: 1-1-06  Through: 4-7-06	COLUMN A COLUMN B This Period Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	6098.09
14. Cash on hand and investments January 1, current year.	
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	
15a. Itemized (use Schedule A)	165000 9727.83
15b. Unitemized	1925.00 8297.00
15c. Add lines 15a and 15b in both columns SUB'	TOTAL 3575 00 18.094.83
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL 9673.09 18.024.83
EXPENDITURES	
(Note: These amounts include in-kind expenditures and loan repayments.)	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	69 74.46 15,074.43
17b. Unitemized	50.60 302.37
17c. Add lines 17a and 17b in both columns SUE	BTOTAL 7025.06 15376,80
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 26 48.03 26 48.03
19. Debts OWED BY the committee (use Schedule D)	355783
20. Debts OWED TO the committee (use Schedule E)	
CERTIFICATION  I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE. CORRECT AND COMPLETE.
Signature on File	M 6: 3

2006 AP 17 AM 6: 32

files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the findiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page	1	of	5	dix

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 PEGGY & DAN STEVENS 312 CREEKWOODDR	Contributions:  Direct In-Kind (describe)	editinos file to ass	ibbs onton be	3/22/06
WESTFIELD, FN44074	Other Receipts: Interest Loan Misc. (specify)	20000	20000	LYNEEN BURROW
2.	Contributions: Direct In-Kind (describe)	HER RECEIPT:	то яо могтия	*,lustluence*
numbers and the measteneous, be as a contract of a contract of all of a contract of a	Other Receipts:	(accor as part) a	MIT THIS PERM	STAN A AMOU
Contributor's Occupation (if required)			Woller Bliff	NOTE AND THE RING
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e as the at try in Column A.  d. For one oxs and money orders indicate account, NOT the date it vias written as account, NOT the committee's account, NOT	Other Receipts:  Interest Loan  Misc. (specify)	r year, the eath cay, and year a a uneck or mon- entricutions are	At each calendaring the month of the month o	E RECEIVED:
Contributor's Occupation (if required)			LANT OF CO. A	
4 (35.4-8-5.3) aptimized art	Contributions:  Direct In-Kind (describe)	an oriw redmem	enzamo est s	ng :YB GaVia
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Contributor's Occupation (if required)	ure on ITEM 15a of the Su	Also enter this fi	an Schedule A.	escet lie hr Inc
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)	8		
Contributor's Occupation (if required)				
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN-BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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NOBLESVILLEAN 46062	Other Receipts:  Interest Loan  Misc. (specify)	1200€	200000	PEGGY BEAVER
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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party committee).			· age	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	RECEIVED BY
LLC & HOLDINGS LIMFTED 5731 CASTLE HILL DR 717	Contributions: Direct In-Kind (describe)	es of each po	tible politic br	3/18/06
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 cer recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	YEAR-TO-DATE	EXPENDITURE
JANUS DEVELOPMENTAL JERVICES 1555 WESTFIELDRID. NOBLES VILLE, IN 46060	Survivers and Polits - Include with the control of	Direct   In-Kind   Payment of Debt   Returned Contribution   Other   Purpose:	25000	25000	1/19/06
HAMILTON COUNTY REPUBLICAN PARTY 255 S. 10th ST.	POLITICAL PARTY	Round   In-Kind   Payment of Debt   Returned Contribution   Other   Purpose:	26000	122000	2/7/06
THE COSTUMERU 1995 CENTRAL AVE COLUNIE, NY 12205	BSTUME RENTAL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	32000	320°°	2/21/06
AMERICA'S (AMPAIGN 902 E. COURT AVE JEFFERSON VILLETN 49130	CAMBIGN STORE	Direct   In-Kind   Payment of Debt   Returned Contribution   Other   Rurpose:	251.75	251.75	2/21/06
AMERICA'S CAMPAIGN 902 E. COURT AVE JEFFERSON VILLE, FN 47130	CAMPAIGN STORE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	4436	4687.75	2/28/06
THE LEDGER 13095 PUBLISHERS DR FISHERS, IN 46038	NEWSPOPER	Direct   In-Kind   Payment of Debt   Returned Contribution   Other   Purpose:	750.75	750.75	3/8/06
LOGAN STREET SIGNS + BANNERS THE 1720 5.10 th ST. NOBLESVILLE, FNY bold	PRINTER	Direct   In-Kind   Payment of Debt   Returned Contribution   Other   Purpose:	705.96	1187.00	3/27/06
TOTAL OF ALL D	SUBTOTAL THIS PAG		\$6974.46		
TOTAL OF ALL P	(Enter total on ITEM 17a of		50774.46	Mr. Child	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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	STION INFORMATION		6 08 25	PENNIE DE
Text of Public Question	DESCRIPTION OF THE PROPERTY OF	Must fine public	ex indicating w	atengings at
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of Question: Statewide Local ion: Supported Opposed			A BALBAN C	A SWAIR, ETTH
	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

### (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	
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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
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9520 E.191 ST.	Che politico para arrola full edit a	355783	611.05		ORSER'S OR DOORSES, OF B
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## (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

(Enter total on ITEM 20 of the Summary Sheet)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME & MAILING ADDRESS	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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